PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/539,531			ling Date 17/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	LD NO.	N/A		N/A	TLL (v)		N/A	TEE (0)	
$\vdash$	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A		N/A							
뉴	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A			N/A	<u> </u>	
TO	(37 CFR 1.16(o), (p), 1		N/A		N/A		N/A			N/A		
(37	CFR 1.16(i)) EPENDENT CLAIM	is .	minus 20 = *			H	x \$ =		OR	X \$ =		
	CFR 1.16(h))			wasad 100	l I	x \$ =			x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL		
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
Н		CLAIMS			T	1 1						
AMENDMENT	10/08/2008	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ME	Total (37 CFR 1.18(i))	· 12	Minus	<del></del> 20	= 0		x \$ =		OR	X \$52=	0	
١	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	l	x \$ =		OR	X \$220=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
L		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ᇳ	Total (37 CFR 1,16(i))		Minus		=	H	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))	•	Minus	***	:	1	x \$ =		OR	x s =		
蕌	Application Size Fee (37 CFR 1.16(s))					1						
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Authore Previously Paid For IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3".  If											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, anothing pathways, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the annuant of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrius, VA 2213-1450.